



UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF WASHINGTON
OFFICE OF THE CLERK
U.S. COURTHOUSE
700 STEWART STREET, SUITE 2310
SEATTLE, WASHINGTON 98101
(206) 370-8400

WILLIAM M. MCCOOL
District Court Executive
Clerk of Court

LORI LANDIS
Chief Deputy Clerk

PETITION FOR CONDITIONAL ADMISSION TO PRACTICE INSTRUCTIONS

Complete and return the Petition for Conditional Admission to Practice:

- Form is fillable using Adobe Acrobat Reader.
- Oath of Attorney must be notarized.
- Verification required by Western District of Washington Federal Defender.
- Registration form for the Court's Electronic Case Filing (ECF) system.

Submit completed Petition for Conditional Admission to Practice to:

Clerk, United States District Court
Western District of Washington
U.S. Courthouse
Attn: Attorney Admissions
700 Stewart Street, Suite 2310
Seattle, WA 98101

Once the completed packet is received, verified and processed, a Certificate of Conditional Admission will be mailed and your ECF login and password will be e-mailed.

For questions, please contact the attorney admissions clerk.

Dana Scarp
Phone: 206-370-8862
E-mail: dana_scarp@wawd.uscourts.gov

PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

COMES NOW _____, a member in good standing of the bar of (include bar number and state) _____, and respectfully petitions the Court, pursuant to Local Civil Rule (LCR) 83.1(c)(2), for conditional admission to practice before the Bar of this Court as an employee of the Federal Public Defender's Office. In support of said petition, the Petitioner states as follows:

Petitioner's residence address is:

Petitioner's home telephone is: _____

Petitioner's is currently employed by (name of agency):

Agency Address: _____

Agency phone number is: _____

Agency e-mail address is: _____

Petitioner's general and legal education are as follows:

From the time of Petitioner's admission to the bar of _____
(as indicated above) on _____ (date), Petitioner has been
engaged in the practice of law at (agency name and address):

Petitioner seeks conditional admission, pursuant to Local Civil Rule LCR 83.1(c)(2), as
an attorney for the Federal Public Defender's Office. The circumstances necessitating Petitioner's
conditional admission to the Bar of this Court are as follows:

Verification that Petitioner is an attorney for the Federal Public Defender's Office by
the Federal Public Defender for this District is attached.

Petitioner certifies that he/she has read and is familiar with the Federal Rules of Civil and
Criminal Procedure and the Local Rules of this Court.

WHEREFORE, Petitioner herein respectfully petitions that he/she be conditionally
admitted to practice before the Bar of the United States District Court for the Western District of
Washington.

OATH OF ATTORNEY

I solemnly swear that I will support and defend the Constitution and the laws of the United States of America against all enemies, foreign and domestic; that I will and faithfully discharge my duties as a lawyer, counselor, and proctor of this Court; and that I will maintain the respect due to the courts of justice and judicial officers and I will demean myself uprightly and accordingly to law and recognized standards of ethics of the legal profession.

Petitioner herein, being first duly sworn, on oath deposes and says: That he/she has read the foregoing petition and that the facts stated therein are true of Petitioner's own knowledge.

Petitioner's Signature

STATE OF _____)
) ss.
COUNTY OF _____)

SUBSCRIBED and SWORN to before me this _____ day of _____
20____.

(Seal)

Notary Public in and for the State of

_____,
residing at _____.

My commission expires _____.

VERIFICATION OF FEDERAL PUBLIC DEFENDER

I, _____, hereby verify that I
am the Federal Public Defender for the Western District of Washington.

I verify that _____ is an Attorney at the
Federal Public Defender's Office.

DATED at _____, Washington this _____ day of
_____, 20_____.

Federal Public Defender



ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM (CM/ECF)

Last Name: _____ First Name: _____ Middle : _____

Attorney Bar # and State: _____

Firm Name: _____

Street Address: _____

City: _____ State or Province _____ Zip Code or Postal Code: _____

Country _____ Telephone Number: _____

Primary E-mail Address: _____ Secondary E-mail Address: _____

By submitting this registration form, the undersigned understands and agrees to the following:

1. The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.
2. The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.
3. If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.
4. By signing this Registration Form, **you consent to receive notice electronically, and to waive your right to receive notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(C), except with regard to service of a complaint and summons.** This provision does include electronic notice of the entry of an order or judgment.
5. You will continue to access court information via the Western District of Washington's internet site or through the Public Access to Court Electronic Records (PACER) system. You will continue to need a PACER login, in addition to the court-issued password. You can register for PACER at their web site: <http://pacer.psc.uscourts.gov>.
6. By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, the Electronic Filing Procedures developed by the Clerk's Office, and any changes or additions that may be made to such administrative procedures in the future.

Signature (Type "s/" and your name)

Date Signed

E-MAIL OPTION:

Print and scan this form, then send it as an attachment to an e-mail to: cmecfreg@wawd.uscourts.gov

MAIL OPTION:

Print this form and mail to: For assistance with this form, call ECF Support at 206-370-8440 or 866-323-9293
Clerk, U.S. District Court
Western District of Washington
Attn: ECF Attorney Registration
700 Stewart St., Ste 2310
Seattle, WA 98101